

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**

 PAGE 1 OF 3  
 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>United We Can</b>			<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>C</b> C00523621         </div>		
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin-left: 10px;">           M M M / D D D / Y Y Y Y Y Y         </div>					
Full Name of Payee <b>SEIU Florida State Council</b>			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin-left: 10px;">             M M M / D D D / Y Y Y Y Y Y              10 / 01 / 2016           </div>		
Mailing Address 14645 NW 77th Ave Suite 201			Amount <div style="display: inline-block; border: 1px solid black; padding: 2px; margin-left: 10px;">             72.22           </div>		
City State Zip Code Hialeah FL 33014		<b>Transaction ID : D367678</b> Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin-left: 10px;">           M M M / D D D / Y Y Y Y Y Y            10 / 01 / 2016         </div>			
Purpose of Expenditure Canvassing Services		Category/Type 001			
Name of Federal Candidate CLINTON, HILLARY RODHAM, , ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> President		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____		
<div style="border: 1px solid black; padding: 2px; display: inline-block;">             8192280.67           </div>					
Full Name of Payee <b>SEIU Florida State Council</b>			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin-left: 10px;">             M M M / D D D / Y Y Y Y Y Y              10 / 01 / 2016           </div>		
Mailing Address 14645 NW 77th Ave Suite 201			Amount <div style="display: inline-block; border: 1px solid black; padding: 2px; margin-left: 10px;">             433.29           </div>		
City State Zip Code Hialeah FL 33014		<b>Transaction ID : D367679</b> Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin-left: 10px;">           M M M / D D D / Y Y Y Y Y Y            10 / 01 / 2016         </div>			
Purpose of Expenditure Canvassing Services		Category/Type 001			
Name of Federal Candidate TRUMP, DONALD J, , ,			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> President		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____		
<div style="border: 1px solid black; padding: 2px; display: inline-block;">             8192280.67           </div>					
(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶			<div style="display: inline-block; border: 1px solid black; padding: 2px; margin-left: 10px;">             505.51           </div>		
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶			<div style="display: inline-block; border: 1px solid black; padding: 2px; margin-left: 10px;">             _____           </div>		
(c) <b>TOTAL</b> Independent Expenditures..... ▶			<div style="display: inline-block; border: 1px solid black; padding: 2px; margin-left: 10px;">             _____           </div>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Hudson, Gerald, , ,</u>			Date <div style="display: inline-block; border: 1px solid black; padding: 2px; margin-left: 10px;">           M M M / D D D / Y Y Y Y Y Y            10 / 03 / 2016         </div>		
			[Electronically Filed]		

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**PAGE 2 OF 3  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>United We Can</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00523621	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Ardleigh Group</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>10 / 01 / 2016</b>	
Mailing Address <b>PO Box 12182</b>		Amount <b>7939.50</b>	
City <b>Washington</b>	State <b>DC</b>	Zip Code <b>20006</b>	Transaction ID : <b>D367674</b>
Purpose of Expenditure <b>Canvassing Services</b>	Category/Type <b>001</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>10 / 01 / 2016</b>	
Name of Federal Candidate <b>CLINTON, HILLARY RODHAM, , ,</b>		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____	
Calendar Year-To-Date Per Election for Office Sought <b>8192280.67</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	

Full Name of Payee <b>Ardleigh Group</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>10 / 01 / 2016</b>	
Mailing Address <b>PO Box 12182</b>		Amount <b>51605.75</b>	
City <b>Washington</b>	State <b>DC</b>	Zip Code <b>20006</b>	Transaction ID : <b>D367675</b>
Purpose of Expenditure <b>Canvassing Services</b>	Category/Type <b>001</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>10 / 01 / 2016</b>	
Name of Federal Candidate <b>TRUMP, DONALD J, , ,</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____	
Calendar Year-To-Date Per Election for Office Sought <b>8192280.67</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<b>59545.25</b>
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*Hudson, Gerald, , ,***[Electronically Filed]**

Date

MM / DD / YYYY  
**10 / 03 / 2016**

Signature

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
(Schedule E)PAGE 3 OF 3  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>United We Can</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00523621	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Organize Now Inc</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>10 / 01 / 2016</b>	
Mailing Address <b>134 E Colonial Dr</b>		Amount <b>18.05</b>	
City <b>Orlando</b>	State <b>FL</b>	Zip Code <b>32801</b>	Transaction ID : <b>D367676</b>
Purpose of Expenditure Canvassing Services	Category/Type <b>001</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>10 / 01 / 2016</b>	
Name of Federal Candidate <b>CLINTON, HILLARY RODHAM, , ,</b>		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____	
Calendar Year-To-Date Per Election for Office Sought <b>8192280.67</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	

Full Name of Payee <b>Organize Now Inc</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>10 / 01 / 2016</b>	
Mailing Address <b>134 E Colonial Dr</b>		Amount <b>108.32</b>	
City <b>Orlando</b>	State <b>FL</b>	Zip Code <b>32801</b>	Transaction ID : <b>D367677</b>
Purpose of Expenditure Canvassing Services	Category/Type <b>001</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>10 / 01 / 2016</b>	
Name of Federal Candidate <b>TRUMP, DONALD J, , ,</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____	
Calendar Year-To-Date Per Election for Office Sought <b>8192280.67</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<b>126.37</b>
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶	
(c) TOTAL Independent Expenditures..... ▶	<b>60177.13</b>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Hudson, Gerald, , ,

[Electronically Filed]

Date

MM / DD / YYYY  
**10 / 03 / 2016**

Signature